

Anaesthetics: an unforgettable experience in India

By Savan Shah

I arrived in Bangalore amidst one of the worst heat-waves India had experienced in several decades. Fortunately the air-conditioned theatres at St Johns Medical College Hospital (SJMCH) provided a welcome escape from the mid-day sun and a chance to learn more about a specialty I had grown ever more interested in through medical school. Each day I was paired with a different anaesthetist trainee and consultant as I rotated through the different surgical specialties, getting a chance to see how anaesthetic complications varied depending on surgery type. In paediatrics drug doses and fluid management were much more precisely calculated, in ophthalmology some drugs were contraindicated due to rising intra-ocular pressures and in obs and gynae other drugs were added to deal with complications like haemorrhages.

Perhaps most inspiring was the teaching instinct that had been instilled in many of the anaesthetists. "See one, do one" was the clear motto that all trainees and I had to practice. Though the concept is frightening, it meant that I started inserting cannulas, calculating and giving fluids and drugs within a few days and moved on to intubating, extubating and performing spinal anaesthesia. The post-intubation periods provided a further opportunity for more informal teaching. Basic concepts encompassing physiology, pharmacology, airway management and equipment were all discussed to a level appropriate for a CT1 anaesthesia trainee. As a lot of their textbooks were from the UK, there was a large overlap between practices here and there. Furthermore a number of the consultants had trained for a short period in the UK and so the teaching was often modified to what was appropriate for us.

My time at SJMCH also opened my eyes to the challenges faced by the Indian healthcare system. With a burgeoning population and very small healthcare budgets, government hospitals are overloaded with patients, understaffed and underequipped. Private hospitals are often unaffordable for the general public. In contrast medical school hospitals such as SJMCH provide a beacon of hope for many. Through tuition fees and charity funds, they are relatively well equipped and staffed but still provide subsidised or free healthcare. However a lot of clinical decisions are based around cost, which constantly frustrated the anaesthetists whose attempts at providing the most modern level of care were often restricted by what the hospital or patient can afford rather than what the patient required. For me this was an opportunity to see how resources were used cost-effectively to minimise wastage. Larger drug vials would be shared between cases and reusable as opposed to

disposable equipment was utilised more often. Old Boyles anaesthetic machines stood side by side with the latest state of the art machines and were used in simpler cases to make operation costs more affordable. In a country where healthcare is still not within the reach of large parts of the population, these simple measures helped incredibly to increase accessibility.

My elective at SJMCH exceeded my expectations and gave me a hands-on insight in to a fantastic specialty. I am grateful to the AAGBI for funding this wonderful experience and to the anaesthetists at SJMCH for all the teaching and practical experiences I received.